

## **Combat Casualty Facility Gears Up**

### **San Diego's Naval Medical Center is taking on a more significant role in the care of injured troops and support for families.**

By Tony Perry, Times Staff Writer

March 27, 2006

SAN DIEGO - In anticipation of more U.S. casualties in Iraq and the lengthy care needed for the wounded and their families, the Naval Medical Center is expanding its programs for amputees and other severely injured patients.

Also, the San Diego facility is setting up therapy groups for post-traumatic stress sufferers and - in a change that broadens the focus from just the patient - support groups for families of the wounded.

"You can't take care of just the Marine, you have to take care of the family too," said Capt. Amy Wandel, the hospital's chief plastic surgeon.

By summer, the sprawling hospital on the edge of Balboa Park plans to have a combat casualty center so that Marines who have been gravely wounded, such as losing an arm or leg, no longer have to go to Walter Reed Army Medical Center in Washington or Brooke Army Medical Center in San Antonio, far from their families.

The hospital here - the busiest in the U.S. military - has concentrated more on follow-up care for combat casualties, after the initial surgery and rehabilitation have been done at other places.

Now, injured troops from West Coast units will be flown directly to San Diego from Landstuhl Regional Medical Center in Germany, the U.S. military hospital that is the first stop for personnel injured in Iraq or Afghanistan.

With 25,000 Marines from Camp Pendleton and Twentynine Palms, Calif., recently deployed to Iraq as part of the 1st Marine Expeditionary Force's third tour, doctors are bracing for another round of wounded, including many with severe blast injuries from improvised explosive devices hidden along roadsides.

"Unfortunately, we've developed a lot of expertise in that field," said Capt. Bruce L. Gillingham, the hospital's director of surgical services.

Gillingham, an orthopedic surgeon, amputated numerous shattered limbs while serving in a combat hospital during the bloody battle for Fallouja in 2004.

The percentage of wounded who are amputees is higher in the Iraq war than in previous conflicts because improved body armor is helping troops survive blasts that in the past would have been fatal. One military study showed that 2.5% of injuries result in amputations.

California and Texas, followed by Florida and Georgia, have the highest numbers of U.S. service personnel listed as amputees from the U.S. missions in Iraq and Afghanistan.

Starting in June, the hospital anticipates caring for up to 50 amputees a year once the new center is fully staffed.

In coordination with the Veterans Affairs hospitals in Long Beach and La Jolla, Calif., the hospital will provide additional surgery, fittings for prosthetics and rehabilitation, which can take from six to 24 months.

"We have to teach them how to live on their own," said Lt. Phillip Chorosevic, acting head of the physical and occupational therapy department.

Many of the injured now being treated here are eager to return to Iraq.

"I'd love to go back, that's where my guys are," said Army Staff Sgt. David Parker, who is undergoing rehabilitation to regain partial use of his right arm, injured by an explosion. The naval hospital treats patients from all branches of the military.

Navy Petty Officer Alexander Morales, who lost both legs below the knee in a shipboard accident in August, soon will leave for extensive therapy at Brooke Army Medical Center.

Part of his job will be to provide San Diego officials with a patients-eye view of the Brooke program so that it can be copied in San Diego.

"It's going to be huge to have that kind of program in San Diego, so guys can stay near their families," he said. "The family provides emotional and psychological support."

Some of the injuries that doctors here are treating are not visible.

About a third of the Marines wounded in Iraq also suffer from post-traumatic stress, including nightmares, sleeplessness and flashbacks, said Lt. Cmdr. Robert McLay, a staff psychiatrist. Therapy is both individual and group; the Navy is also sending psychiatrists to Iraq.

"We're seeing it more in the younger kids," McLay said. "There's more of them, they tend to be out on the front lines and, being younger, they don't have the social setups that can help."

Doctors admit being taken aback by the severity of blast injuries from improvised explosive devices, which have emerged as the insurgents' weapon of choice against U.S. and coalition troops traveling in convoys.

"These are worse than any injuries we've seen before," said Wandel, who has done four full facial reconstructions and recently reconstructed a Marine's badly injured penis.

With 6,000 military and civilian staff members, the Naval Medical Center and its branch clinics handle millions of visits annually by the estimated half million active-duty personnel, retirees and their family members in the region. Medical personnel also deploy with combat units and the San Diego-based hospital ship Mercy.

The start-up cost for the new casualty care program is set at about \$10 million and will require a \$7-million to \$8-million boost in the 532-bed hospital's \$450-million annual budget.

"The whole philosophy is to treat these kids like they're injured athletes," said Rear Adm. Brian G. Brannman, commanding officer of the Naval Medical Center. "You don't want 19- and 20-year-olds suddenly feeling like they're 50."

"We want them rock-climbing, doing marathons, doing everything," he said. "We want them to be able to take this as far as they can."

Although the surgical and rehabilitation programs for amputees and other gravely injured patients at Walter Reed and Brooke are considered excellent, patients often are required to spend months away from their families.

Some spouses try to relocate to be near the hospitals, but that adds a financial burden to the trauma of having an injured loved one.

"It can all fall apart if you don't have family support," said Capt. Lisa Arnold, the hospital's organizational ombudsman.

Like evolving battlefield tactics, military medicine is adapting to conditions that were not anticipated when the assault on the Taliban in Afghanistan and the regime in Baghdad began, officials said.

"War is going to be a part of our lives for a long time," Wandel said.